

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103740

Entity Name  
PROFESSIONAL TILES, CORP.

FILED  
Feb 15, 2000 8:00 am  
Secretary of State  
02-15-2000 90060 014 \*\*\*150.00

Principal Place of Business      Mailing Address  
NW 72 AVE #306      325 NW 72 AVE #306  
FL 33126      MIAMI FL 33126

Principal Place of Business      3. Mailing Address  
325 NW 72 Ave #306      325 NW 72 Ave #306  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
Miami, Florida      apto 306  
City & State      City & State  
33126 USA      Miami Florida  
Zip      Zip      Country      Country  
33126      USA



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
65-0964896      Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
TREJOS, CARLOS      Name  
325 NW 72 AVE #306      Street Address (P.O. Box Number is Not Acceptable)  
MIAMI FL 33126      City      FL      Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.      FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State      10. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TREJOS, CARLOS		NAME	
325 NW 72 AVE #306		STREET ADDRESS	
MIAMI FL 33126		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:      2-11-00      Date      Daytime Phone #